



Program #40012 - FQHC-HIV Clinical Services **FY 2026 Department Requested**

Department: Health Department **Program Contact:** Nick Tipton
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

HIV Health Services Center (HHSC), one of only two Ryan White clinics in Oregon, offers culturally specific LGBTQI HIV/HCV outpatient medical care, mental health services, case management, health education, HIV prevention, art therapy, anal cancer screening and treatment, intimate partner violence ,universal education and screening with referral to community resources, risk reduction support, medication-assisted therapy, and treatment adherence counseling. Onsite clinical pharmacy services increase patients’ access to and use of HIV medications. HHSC integrates prevention into all services to reduce client risk of HIV transmission. HHSC integrates primary/specialty care via telehealth, telemedicine, in person visits in coordination with field services provided by our navigation and nursing care management team using National HIV best practices and treatment guidelines.

The clinic is supported by an active Client Advisory Council and a well-established network of HIV social services providers. HHSC is an AIDS Education and Training Center site, training more than 40 doctors, nurses, clinic administrators, quality directors, and pharmacists each year. The clinic serves as a Practice Transformation Training Site to mentor providers in rural FQHCs caring for clients living with HIV. The clinic provides a monthly Nursing Community of Practice webinar for the 10 state region around current HIV nursing related best practices that include equity, race, and COVID-19 strategies in working with persons living with HIV.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unduplicated HIV clinic patients	1,539	1,650	1,590	1,650
Outcome	Percent of patients whose last viral load test is below 200 copies	87%	90%	90%	91%

Performance Measures Descriptions

HIV viral load refers to the amount of human immunodeficiency virus (HIV) circulating in the bloodstream. Viral load tests are essential for monitoring the effectiveness of antiretroviral therapy (ART), medications used to suppress HIV replication. A low viral load indicates that ART is working well and suppressing the virus. In the management of HIV, the goal is for patients to have a viral load of less than 200 copies/milliliter of blood.

Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill and Clark Counties, 2) 10% cap on planning & administration, requiring the County to cover some administrative costs, and 3) The County must spend local funds for HIV services at least at the level spent in the previous year. Part C requires serving clients from across the state of Oregon. Part D requires serving Women, Infants, Children and Youth (WICY) from across the state of Oregon. Compliance is required for all costs and revenues generated by the program.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$6,038,265	\$0	\$6,581,005
Contractual Services	\$0	\$139,317	\$0	\$269,318
Materials & Supplies	\$0	\$274,556	\$0	\$1,312,275
Internal Services	\$0	\$2,003,129	\$0	\$1,831,970
Total GF/non-GF	\$0	\$8,455,267	\$0	\$9,994,568
Program Total:	\$8,455,267		\$9,994,568	
Program FTE	0.00	34.05	0.00	37.30

Program Revenues				
Intergovernmental	\$0	\$3,228,402	\$0	\$3,316,998
Beginning Working Capital	\$0	\$1,263,809	\$0	\$1,739,492
Service Charges	\$0	\$3,963,056	\$0	\$4,938,078
Total Revenue	\$0	\$8,455,267	\$0	\$9,994,568

Explanation of Revenues

This program generates \$892,885 in indirect revenues.

HD FQHC AETC - AIDS Education & Training Center - EHE \$79,200, HD FQHC Hep C - medicaid Wrap \$212,131

HD FQHC Russell St HIV \$13,120, HD FQHC Hep C Mcaid CareOr FFS \$1,461,345

HD FQHC Ryan White Part C - Early Intervention to HIV GY33 \$777,541

HD FQHC Hep C Mcaid FFS \$141,923, HD FQHC Ryan White Title IV Part D GY25 \$574,930

HD FQHC Hep C Mcare \$246,024, HD FQHC Ryan White Part A - GY30 - HHSC Clinical Service \$724,930

HD FQHC HIV Clinic Mcaid Wrap \$2,552,111, HD FQHC Ryan White Part A - GY30 - HHSC Case Management \$554,466

HD FQHC HIV Clinic Mcaid Wrap BWC \$1,739,492, HD FQHC OHA Ryan White - HIV Clinic - GY08 \$130,000

HD FQHC HIV Clinic 3rd Party \$322,326, HD FQHC OHA Ryan White - HHSC MCM - GY08 \$148,785

HD FWHC HIV Clinic Pt Fees \$2,218, HD FQHC OHA Ryan White HHSC Non-MCM - GY08 \$269,026

HD FQHC PC330 - Increase Access HIV Care & Treatment GY23 \$45,000

Significant Program Changes

Last Year this program was: FY 2025: 40012 FQHC-HIV Clinical Services

HIV Health Services Center has added 2.0 FTE medical assistants to this year's budget. This change is in alignment with the Health Center shift to a ratio-driven staffing model for clinical teams. The ratio-driven staffing model increases the medical assistant-to-provider ratio to 1.5:1.0 FTE and the medical assistant-to-clinical pharmacist and psych mental health nurse practitioner ratio to 0.5:1.0 FTE.

The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access.